

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

- Transfer Packet**
  - Packet provided by previous school.
- Student Enrollment Form**
- Parent Handbook Acknowledgement Form**
  - Access Handbook on KCShawaii.org. Fully read and review Handbook
  - Complete the Acknowledgment Form
- Parent Information Form**
  - Fill out this form *completely*, including prior school information.
  - If there is a divorce or separation, please *provide custody papers*.
- Health Form**
  - Fill out, sign, and date this form. You must list at least one emergency contact person.
- Department of Education Student's Health Record (Form-14)**
  - Provide Form to your Physician to complete. When completed, provide to Kapolei Charter School for packet completion.
- Immunization Records**
  - Proof of all immunizations must be provided from your health care provider. Bring photocopied documentation or bring your originals into the office and we will make copies for you. Request for Immunization Exemption Forms may be requested from school OR Physician office (depending on reason) and must be completed IN FULL with all proper initials, dates and signatures to ensure enrollment documentation is complete.
- Hawaii Proof of Residency Documentation**
  - Provide one (1) form of residency documentation for proof of shelter; ORIGINAL document required
  - Proof of Residence VERIFICATION; Please use this verification list to determine verification option
- Media Release Form**
  - Fill out, sign, and date this form. Check all appropriate boxes.
- Parent Partnership Agreement**
  - Read and sign the Parent Partnership Agreement. Make sure you understand the Agreement and the policies and philosophies of the school. *Keep a second copy for your records.*
- Fee Schedule Form**
  - Read, sign and date the Fee Agreement. Be sure you understand all of the fees outlined.
- Student Fee**
  - All students are required to include a payment of \$50.00  
Date Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_
- User Agreement and Parent Permission Form**
  - Parents, please discuss this form with your child before signing; both Parent and Student to sign/date.
- Family Household Survey- Title 1 Allocation Form**
  - *Regardless of your qualifications, check one of the boxes*, then sign and date for completion.
- McKinney-Vento Homeless Assistance Act Form**
  - Fill out questionnaire to determine eligibility and sign, print name, and date this form.
- FERPA Form**
  - Student Publication/Audio/Video Release Form
- DOE Technology Responsible Use Form**
  - For digital devices, network, and internet services owned/leased by DOE for its students.
- Original Birth Certificate or Passport**
  - Bring the ORIGINAL certified birth certificate to the office and we will make a copy. Copy required before student is able to begin school.



**INSTRUCTIONS: TO BE COMPLETED UPON ACCEPTANCE ONLY!**

School Name: Kapolei Charter School		Date received completed form:			
<b>Student Enrollment Form 2024-2025</b>		Student ID#:	Gender: M ___ F ___	Date of Birth:	Age entering SY:
Student Name:					

**LANGUAGE INFORMATION (For Demographic Purposes Only)**

Language Codes: (Select a letter from the list and fill in the blanks below)

_____ Student's First Acquired Language	_____ Language Most Often Spoken At Home	_____ Language Most often Used by Student			
A - English	F - Cebuano/Visayan	K - Vietnamese	Q - Fijian	V - Pangasinan	L - Other (Specify):
B - Cantonese	G - Hawaiian	M - Chuukese	R - Hmong	W - Portuguese	
C - Mandarin	H - Japanese	N - Pohnpei an	S - Lao	X - Spanish	
D - Ilocano	I - Korean	O - Cambodian	T - Marshallese	Y - Thai	
E - Tagalog	J - Samoan	P - Chamorro	U - Pampanga	Z - Tongan	

**ETHNICITY INFORMATION (For Demographic Purposes Only)**

**Ethnicity Code:** \_\_\_\_\_ (Select up to 2 choices from the list below and fill in the blanks to the left)

A - American Indian	D - Filipino	G - Japanese	J - Spain, Cuba, Mexican, Puerto Rican	M - Other (Specify)
B - Black	E - Hawaiian	H - Korean	K - Samoan	
C - Chinese	F - Part-Hawaiian	I - Portuguese	L - White	N - Indo-Chinese (Camb, Viet, Lao)

**THIS SECTION INTENTIONALLY LEFT BLANK**

**IMPORTANT:**  
**Handbook access:** [kcshawaii.org](http://kcshawaii.org)  
 Please read and review the entire Student and Parent Handbook 2024-2025. Once fully completed, please read the acknowledgment form below, sign, date, and return to KCS office administration.

Kapolei Charter School  
 SY: 2024-2025

**PARENT ACKNOWLEDGEMENT**

I have received a copy of parent handbook dated School Year 2024-2025. I understand that the Handbook is not a contract, but rather a general overview of some of Kapolei Charter School’s policies and procedures. Also policies and procedures can be located on the school’s website.

I understand that it is my responsibility to read the guidelines and procedures contained in this Handbook. If I do not understand anything in the Handbook, I will seek clarification from administration.

I understand that Kapolei Charter School, in its sole discretion, may add, modify or cancel handbook and any of its contents at any time.

I understand that compliance with the rules and policies contained in the handbook is a requirement for continued enrollment and that failure to follow the rules and policies may result in consultation and disciplinary action.

I understand that my interactions with the school (faculty, other parents, students, and community members) will be respectful and professional at all times.

I understand that Kapolei Charter School is a school of choice and at anytime you are in disagreement with our mission, vision, policies and procedures a transfer to student’s home school will be encouraged.

I understand that this version of the Parent/Student Handbook replaces and supersedes all previous versions and any other communications related to the same subject matter. If a previous policy, notice or communication conflicts with any provision of this handbook, I understand the provision in this handbook shall govern.

\_\_\_\_\_ Date  
 Print Student Name

\_\_\_\_\_ Signature Parent/Legal Guardian Date  
 Parent/Legal Guardian Name

\_\_\_\_\_ Signature Parent/Legal Guardian Date  
 Parent/Legal Guardian Name

Please read and sign the form and return to Kapolei Charter School no later than August 15<sup>th</sup>, 2024.



# PARENT INFORMATION FORM 2024 - 2025

Note: If there is a divorce or separation, you must provide custody papers.

PRIMARY PHONE = the best phone number school personnel may use to contact you

**Parent or Guardian 1:** Mother Father Stepmother Stepfather Other - specify \_\_\_\_\_

Full Name \_\_\_\_\_ Does this parent have legal custody? Yes No Joint

If step-parent, does he or she have permission to see educational records and discuss the student with staff? Yes No

Does student live with this parent full-time part-time not during the school year

**Primary phone:** \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

For volunteering, list special skills: \_\_\_\_\_

Same residence/ mailing address as student? Yes No If different: \_\_\_\_\_

Residence address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

**Parent or Guardian 2:** Mother Father Stepmother Stepfather Other - specify \_\_\_\_\_

Full Name \_\_\_\_\_ Does this parent have legal custody? Yes No Joint

If step-parent, does he or she have permission to see educational records and discuss the student with staff? Yes No

Does student live with this parent full-time part-time not during the school year

**Primary phone:** \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

For volunteering, list special skills: \_\_\_\_\_

Same residence/ mailing address as student? Yes No If different: \_\_\_\_\_

Residence address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

**Parent or Guardian 3:** Mother Father Stepmother Stepfather Other - specify \_\_\_\_\_

Full Name \_\_\_\_\_ Does this parent have legal custody? Yes No Joint

If step-parent, does he or she have permission to see educational records and discuss the student with staff? Yes No

Does student live with this parent full-time part-time not during the school year

**Primary phone:** \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

For volunteering, list special skills: \_\_\_\_\_

Same residence/ mailing address as student? Yes No If different: \_\_\_\_\_

Residence address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

I certify that I have the legal authority to enroll my child at Kapolei Charter School, and that the above information is correct.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## HEALTH FORM

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

### **HEALTH CONDITIONS/RESTRICTIONS/MEDICATIONS**

DESCRIBE any current health conditions, restrictions or medication needs of the above child that Kapolei Charter School should be aware of. This includes any medication allergies. If your child needs any medication for an extended time, or for a chronic condition, you must supply the medication to the school office directly, where the student will come to take the medication. **Students may not carry medication at any time.** EXCEPTION: Children with an asthma inhaler may keep it with them. Please indicate below if your child is using an inhaler.

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**EYEGASSES:** Does your child wear eyeglasses? Please mark at least one:

NO       Reading Only       Distance Only       All the time

**Acetaminophen:** Occasionally your child may unexpectedly have a need for acetaminophen (such as Tylenol) during a school day. Please indicate by checking below as to whether or not you will allow the office staff to dispense acetaminophen to your student:

*I authorize the school designee to be my agent to give acetaminophen to my child:*  Yes  No

### **PHYSICIAN CONTACT INFORMATION**

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

BE IT KNOWN that I, the undersigned parent or guardian of the student named above, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital may be required, on an EMERGENCY BASIS, when the need for such treatment is clear, and when all efforts to contact me are unsuccessful. IT IS FURTHER understood that any expense incurred for transportation and/or treatment will be the responsibility of the parent or guardian of the student. I agree that payment of the expense is **not** a school responsibility.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**THIS SECTION INTENTIONALLY LEFT BLANK**

# Department of Education STUDENT'S HEALTH RECORD

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_  
 Birthdate \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

Female  Preschool: \_\_\_\_\_ Entry Date: \_\_\_\_\_  
 Male  Elementary: \_\_\_\_\_ Entry Date: \_\_\_\_\_  
 Intermediate/Middle: \_\_\_\_\_ Entry Date: \_\_\_\_\_  
 High: \_\_\_\_\_ Entry Date: \_\_\_\_\_

Parent's Name \_\_\_\_\_ (Mother/Legal Guardian) \_\_\_\_\_ (Father/Legal Guardian) \_\_\_\_\_  
 Allergies: \_\_\_\_\_

Student Address Label

Please complete the following sections (CHECK IF YES)

MEDICAL STATUS	
<input type="checkbox"/> Allergy (type) <input type="checkbox"/> Asthma <input type="checkbox"/> Behavioral Problems	<input type="checkbox"/> Cancer/Leukemia <input type="checkbox"/> Chronic Cough/Wheezing <input type="checkbox"/> Diabetes
<input type="checkbox"/> Hearing Problems <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hemophilia	<input type="checkbox"/> Hypertension <input type="checkbox"/> JRA Arthritis <input type="checkbox"/> Rheumatic Heart
<input type="checkbox"/> Seizures <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Skin Problems	<input type="checkbox"/> Vision Problem

PHYSICIAN'S EXAMINATION CODE: N-NORMAL; A-ABNORMAL; C-CORRECTED; R-RECEIVING CARE																															
Date	Grade	Height	Weight	BMI	Blood Pressure	Vision			Hearing		Eyes	Ears	Nose	Throat	Teeth	Heart	Lungs	Abdomen	Nervous System	Skin	Scoliosis	Extremities	Nutrition	Varicella Immunity Secondary to Disease (DATE)	Reviewed Immunization Record (Check if Yes)	Completed FPD Screening (Check if Yes)	See Results Below	Provider's Signature	Provider's Stamp or Printed Name		
						R.	L.	R.	L.																						

TUBERCULOSIS EVALUATION	
Check one box below, complete date assessment, test or x-ray was administered. Negative TB Risk Assessment Date: / / Negative test for TB infection Date: / / Positive test, and negative chest x-ray Date: / /	Physician, APRN, PA, Clinic

DENTAL EXAMINATION	
Dental Check-Up	Date: / /
Dental Check-Up	Date: / /

IMMUNIZATIONS (VACCINES, DATES GIVEN: MONTH/DAY/YEAR)											
DTaP, DTP, DT, Tdap or Td	Type	Date									
		Polio (IPV or OPV)	Type	/	/	/	/	/	/	/	/
Hib (Haemophilus influenzae type b)	Type	/	/	/	/	/	/	/	/	/	/
Pneumococcal Conjugate	Type	/	/	/	/	/	/	/	/	/	/
Hepatitis B	Type	/	/	/	/	/	/	/	/	/	/
Hepatitis A	Type	/	/	/	/	/	/	/	/	/	/
MMR	Type	/	/	/	/	/	/	/	/	/	/
HPV	Type	/	/	/	/	/	/	/	/	/	/
Other	Type	/	/	/	/	/	/	/	/	/	/

Physician, APRN, PA or Clinic \_\_\_\_\_

## Proof of Residence, VERIFICATION

- Verification of Identity of Parent, licensed foster parent, or Court-appointed legal guardian
  - A Driver's License (any photo Driver's license is permitted), Passport with photo ID, or State Identification Card.
- Verification of Residency preferred documentation:
  1. Rental/lease agreement, mortgage document or current real property assessment document in the parent/guardian's name.
  2. Utility bill for water, electric, gas or telephone that indicates that the billings is in the parent/guardian's name and is being sent to the house.
  3. Notarized statement by the relative/friend can be accepted by the school with the following stipulation:
    - a. Notarized statement must state that the parent/legal guardian and child are living with the relative/friend;
    - b. Notarized statement must state the name of relative/friend that is on the relative/friend's proof of legal residence;
    - c. Notarized statement must state the same address of relative/friend that is on the relative/friend's proof of legal residence;
    - d. A copy of the relative/friend's proof of legal residence must be attached to the notarized statement; and
    - e. Notarized statement must be signed by same name of relative/friend that is on the relative/friend's proof of legal residence.
  4. Depending on a school's past experiences, a school can request that one or more of the above be provided.
  5. If none of the above is available, then the school may use other documentation to verify documentation.
  6. Falsification on documents submitted is subject to penalty under HRS 710-1063. When such a violation is found, the child will be sent back to the school where he/she should properly be attending. The DOE may pursue prosecution at its discretion.
  7. For a homeless child, please refer to the school selection and enrollment guidelines that are provided by the McKinney-Vento Education for Homeless Children & Youth Program (as authorized by the NCLB Act of 2001).

## MEDIA / DIRECTORY RELEASE FORM

In order to respect the privacy of our students while achieving individual and classroom accomplishments, Kapolei Charter School uses photographs and videos of students, as well as artwork and/or writings created by students in a variety of venues which may include print and/or digital media. Please carefully review this media release to ensure you are aware of the school's policy in regard to directory and media information.

### **Photographs/Artwork**

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_ do hereby grant unrestricted permission for images of my child as well as artwork and writings created by my child, to be used in materials that include, but are not limited to, school publications, newsletters, school publicity, newspaper articles and digital media including the school's website and Facebook page. I understand that Kapolei Charter School takes special care to protect the safety and identity of all students and that Kapolei Charter School will **NOT** use my child's last name in conjunction with any print, video or digital images, except the school yearbook.\*

### **Directory Information**

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_ am aware that Kapolei Charter School publishes a student/parent directory at least once a year that is exclusively for the use of Kapolei Charter School families and is **not distributed to anyone outside Kapolei Charter School**. I hereby grant permission for my student's name, mailing address, parent/guardian names, and phone number to be published in that directory.

**The best phone number** to list in the directory is: \_\_\_\_\_

Note: If there is something you do NOT want listed in the directory (for example, phone number or mailing address) please write it here: \_\_\_\_\_

\_\_\_\_\_  
Student's Name: (please print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Thank you!**

I understand that my approval can be withdrawn at any time upon written notice delivered to Kapolei Charter School, 2140 Lauwiliwili Street Kapolei, HI 96707

*\*In the absence of signed media release form, the school will use its best judgment (following school guidelines) in the release of student's name, photograph, artwork or writing.*





## PARENT PARTNERSHIP AGREEMENT

Enrolling a child at Kapolei Charter School requires parents to make a strong commitment to the education of their child. Kapolei Charter School believes that education takes place both at home and in the school. Therefore, parents and the school must be active partners in the education of our students. The partnership is intended to be friendly, supportive, with common effort designed to enhance the development of the whole student.

### Kapolei Charter School Responsibilities

- Provide and develop an academic program that fulfills the goals expressed in Kapolei Charter School's mission and goals statements.
- Together with parents, provide high-quality education in a supportive and effective learning environment that enables students to meet the State's academic achievement standards.
- Ensure the health, safety, and welfare for all students on campus
- Provide parents with reports on their child's progress and give parents up-to-date grades, assignments absence information, and notification of any perceived failure to fulfill obligations of this agreement
- Provide parents reasonable access to staff and the availability to meet before or after school, by appointment. Parents are asked to write a note, send an e-mail, or leave a phone message for staff to request communication or meetings. Staff will respond during the school week.
- Notify families of any disciplinary action regarding their child.

### Parent Responsibilities

- Participate in the Kapolei Charter School's orientation program to thoroughly understand the school's philosophy and policies which may be found on our school's website.
- Provide a home support system: provide healthy meals, dress your child appropriately, get your child to school on time, and ensure that your child is well rested and ready to learn. Kapolei Charter School does not provide breakfast or lunch, please ensure your child eats a healthy breakfast and is provided with a lunch each day.
- Provide a home setting that stimulates learning.
- Support your child in ensuring that he or she completes all homework and long-term projects on schedule.
- Support school's disciplinary action and become a partner in resolution.
- Involve your family in activities that contribute to your child's development as an active citizen of the local community and promote positive use of your child's extracurricular time.
- Stay informed about your child's education by promptly reading all school communication and respond as appropriate.
- Interactions with the school (faculty, other parents, students, and community members) will be respectful and professional at all times.
- If your child is not performing at grade level, support Kapolei Charter School in providing additional provisions like after programs.

As Kapolei Charter School staff, Governing Council, and families work together to fulfill the above responsibilities, we will create an extraordinary educational environment for our students.

We, the family of \_\_\_\_\_, enter into this partnership agreement with Kapolei Charter School. This agreement becomes effective when we enroll our child in the school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please keep a copy for your records**



## FEE SCHEDULE 2024 - 2025

At Kapolei Charter School, we do our best to keep fees to a minimum. While other schools charge enrollment fees, activity fees, scheduling fees, book fees, lab fees, etc., we prefer to keep things simple. Our supply fee for each classroom covers all student costs for the entire school year, except field trips or extra-curricular programs. If your budget does not allow for a one-time payment, you may set up a monthly automatic payment plan.

### Mandatory Fees of \$50 (includes 3 uniform t-shirts)

Circle Uniform Size:     S   M   L   XL   XXL   XXXL   XXXXL

**PAYMENT OPTIONS:** All fees should be paid by the first day of school. However, for those families for which this is financially difficult, we do provide the opportunity to set up a payment schedule contact school office.

**PLEASE NOTE:** *All fees are non-refundable and cannot be transferred.* In addition, there are other costs throughout the year for individual field trips, after school care or classes, and extra-curricular activities. Because many of these are voluntary events, they are not included on this fee schedule. Please speak with your child's teacher for a list of events, activities and costs for the year.

### PLEASE SIGN AND RETURN TO THE SCHOOL OFFICE WITH YOUR OTHER ENROLLMENT DOCUMENTS

I acknowledge that I have reviewed the 2024-2025 Fee Schedule and I agree to pay the required fee(s) for each student I enroll at Kapolei Charter School. If these fees present a financial hardship, I will contact the school office.

Student Name(s) and Grade(s)

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Parent/Guardian Name(s)

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Parent/Guardian Signature

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Date Signed

***Please keep a copy of this form for your records***



2024-2025 School Year

**USER AGREEMENT AND PARENT PERMISSION FORM**

Name of Student (Print) \_\_\_\_\_

Grade (for Fall) \_\_\_\_\_

Age \_\_\_\_\_

**Parents: Please discuss this form with your child before signing and returning.**

**User Agreement:**

As a user of the Kapolei Charter School computer network, including e-mail accounts and access through personal devices, I hereby agree to comply with the stated purposes and rules by utilizing the network in a safe and reliable fashion and honor all relevant laws and restrictions.

I realize that noncompliance will result in my losing access to the school's network services, including e-mail, and that any assignments affected by termination of services will necessitate using alternative means to complete them.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorization for Kapolei Charter School Network, Internet Services and School E-Mail:**

As a parent or legal guardian of the minor student signing above, I grant permission for my child to access networked computer services such as network storage, the Internet and a school e-mail account. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use – i.e., setting and conveying standards for my child to follow when selecting, sharing or exploring information and media.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Number \_\_\_\_\_

## Who should I include in “Household Size”?

You must include yourself and all people living in your household who share income and expenses. These household members could include people who are related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

## What is included in “Annual Household Income”?

Add up income for all members of the household. Annual household income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker’s compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from WIC, federal education benefits and foster payments received by anyone in your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. *Do not* include Military Privatized Housing Initiative or combat pay. If the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn’t received before s/he was deployed, combat pay is not counted as income.
- **Overtime Pay:** Include overtime pay **ONLY** if you receive it on a regular basis.

## How do I report income received monthly, twice a month, every two weeks, or weekly?

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must multiply their income as follows:
  - If paid monthly, multiply total pay by 12
  - If paid twice per month, multiply total pay by 24
  - If paid bi-weekly (every two weeks), multiply total pay by 26
  - If paid weekly, multiply total pay by 52

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

## Completing the form

- Determine your household size and write this information in Section B on Page 2.
- Add all of the income sources for all members of the household together to determine the total annual household income.
- In the same row as your household size, fill in the bubble below the range in which your total annual household income falls.
- If your household size is 9 or more, write in the household size and total annual household income in the spaces provided.
- **Sign, date, and print your name in Section C before returning the form to the school.**

# Family Household Survey

**SY 2024-2025**

For Hawai'i Public Charter Schools who are not participating in Community Eligibility Provision and are not School Food Authorities.

Please refer to Page 1 for instructions/guidelines to complete this form.

## SECTION A: Student Information

Last Name

First Name

Grade

Birthdate (MM/DD/YYYY)

Student SIS ID# (10-digit)

## SECTION B: Household Information

**Step 1:** What is your household size? \_\_\_\_\_ individuals

\*refer to guidelines on page 1

**Step 2:** In the **same row** as your household size, completely fill in the bubble below the income range that matches the total annual income of your household. Include the total annual income for all members of the household before taxes and deductions. Example: If your household size is 4 and your total annual income is \$48,000, you would bubble in the range \$0-\$52,337.

If household size is <b>2</b> ...	\$0 - \$24,271 <input type="radio"/>	\$24,272 - \$34,540 <input type="radio"/>	\$34,541 or more <input type="radio"/>
If household size is <b>3</b> ...	\$0 - \$30,524 <input type="radio"/>	\$30,525 - \$43,438 <input type="radio"/>	\$43,439 or more <input type="radio"/>
If household size is <b>4</b> ...	\$0 - \$36,777 <input type="radio"/>	\$36,778 - \$52,337 <input type="radio"/>	\$52,338 or more <input type="radio"/>
If household size is <b>5</b> ...	\$0 - \$43,030 <input type="radio"/>	\$43,031 - \$61,235 <input type="radio"/>	\$61,236 or more <input type="radio"/>
If household size is <b>6</b> ...	\$0 - \$49,283 <input type="radio"/>	\$49,284 - \$70,134 <input type="radio"/>	\$70,135 or more <input type="radio"/>
If household size is <b>7</b> ...	\$0 - \$55,536 <input type="radio"/>	\$55,537 - \$79,032 <input type="radio"/>	\$79,033 or more <input type="radio"/>
If household size is <b>8</b> ...	\$0 - \$61,789 <input type="radio"/>	\$61,790 - \$87,931 <input type="radio"/>	\$87,932 or more <input type="radio"/>

If household size is **9 or more**...

(Please write in) Total Annual Income:

\$ \_\_\_\_\_

\$0 - \$52,337

## SECTION C: Parent/Guardian Signature

**Step 3:** By signing below, I promise that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

X

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to education records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99).

Please complete and return to your child's teacher or the office at your child's school.

Page 2 of 2



475 22<sup>nd</sup> Avenue  
Honolulu, Hawaii 96816  
Telephone: 808-305-9869  
Toll Free: 1-866-927-7095

## QUESTIONNAIRE TO DETERMINE ELIGIBILITY MV1

This form is intended to address the McKinney-Vento Act (MVA) and must be completed for each student

Questionnaires are filed for one (1) year for all students and seven (7) years for any student identified as living in unstable housing.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's current residence such as address, cross streets, landmarks, etc.

Primary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

CHECK  
ONE BOX

### STUDENT'S CURRENT LIVING ARRANGEMENT

MVA  
CODE

- |                          |   |    |
|--------------------------|---|----|
| <input type="checkbox"/> | <b>Unsheltered</b><br><i>Campground, car, beach/park, abandoned building, street or any other inadequate living space</i>                   | 06 |
| <input type="checkbox"/> | <b>Shelter</b><br><i>Emergency, transitional or domestic violence shelter, name of shelter: _____</i>                                       | 04 |
| <input type="checkbox"/> | <b>Hotel/Motel</b><br><i>Due to lack of other suitable housing, <u>excludes</u> temporary lodging for military persons awaiting housing</i> | 02 |
| <input type="checkbox"/> | <b>Doubled Up</b><br><i>Temporarily with family or other person due to loss of housing or as a result of economic hardship</i>              | 03 |
| <input type="checkbox"/> | <b>Permanent Housing</b><br><i>Student who is living in a fixed, regular, and adequate housing situation</i>                                | 07 |



If this box is checked, stop here and sign below; form is complete

If the student is NOT in the physical custody of a parent or legal guardian, also check below:

- |                          |                            |    |
|--------------------------|----------------------------|----|
| <input type="checkbox"/> | <b>Unaccompanied Youth</b> | 05 |
|--------------------------|----------------------------|----|

List all siblings living in the same arrangement, including children 0-5 years of age:

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The information you provide above will determine what services you or your child may be eligible to receive under the McKinney-Vento Homeless Assistance Act - 42 U.S.C. §11434a(2). If eligible under the Act, you or your child are entitled to immediate enrollment in school and free school meals. Transportation may be provided to and from school of origin. This questionnaire allows a Homeless Concerns Liaison to contact you for additional support. By signing, you grant permission to share/release pertinent information among shelter and school personnel, to support school enrollment and full participation.

Parent/Legal Guardian/Unaccompanied Youth Signature

Print Name

Date

**For School Use Only:** School designee to complete this page if the student is identified as living in unstable housing.

**NOTE:** The McKinney-Vento Act requires immediate enrollment for students living in unstable housing, even if the student is unable to provide documents, such as school records, immunization records and other health records, proof of residency, or other documents. 42 U.S.C. §11432(g)(3)(C).

\* "Enrolled" means attending classes and participating fully in school activities. 42 U.S.C. §11434a(1)

Student ID #: \_\_\_\_\_ Date Student Enrolled: \_\_\_ / \_\_\_ / \_\_\_

Student Enrolled As:

- Home School (school within the geographic area of student's current residence)  
 School of Origin (school attended when permanently housed/last school attended)  
 Geographic Exception (GE)  
 Other: \_\_\_\_\_

By acknowledging below, the school designee agrees that the form is complete and the parent/legal guardian/unaccompanied youth has been provided MVA information and a copy of this form.

\_\_\_\_\_  
Designee Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

By signing below, the principal indicates that he/she has reviewed this form and understands the school's responsibility under the **McKinney-Vento Homeless Assistance Act**.

The school principal determines the student as:

- Eligible under McKinney-Vento Act  
 Not eligible under McKinney-Vento Act Reason: \_\_\_\_\_  
MV2 Initiated:  Yes  No Date MV2 Initiated: \_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Notes/Updates:**

Date	Action Taken	Remarks	Initials

**Note:** Please forward a copy of this form to your Homeless Concerns Liaison within 3 business days.

## Student Publication/Audio/Video Release

By providing Hawaii Department of Education (HIDOE) your permission, the student's names and/or likenesses, photo, video, and/or audio may be used in HIDOE school-related publication print and analog/digital media.

Examples of HIDOE school-related publications, include but are not limited to:

- A playbill, showing the student's role in a drama production
- Annual yearbook
- Student photographs for classroom / teacher use
- Honor roll or other recognition lists and programs
- Graduation programs and announcements
- Sports activity programs or sheets, such as for wrestling, showing weight and height of student
- School newsletters
- Audio and video recordings to aid with reinforcing appropriate behaviors
- Audio and video recording capturing those memorable moments, such as graduation ceremonies and May Day and other holiday programs or school events
- Student photographs for classroom and teacher use
- Officially recognized activities and events

Hawaii student teachers participating in educator preparation programs and staff in professional development courses within the HIDOE may have access to student work and/or other student publications during the course of their studies.

By checking "yes" and signing the Student Publication/Audio/Video Release Form, parents, guardians, and eligible students provide permission for all publication items for HIDOE non-commercial, educational purposes and cannot select individual items.



Form SP/VR



State of Hawaii  
Department of Education

## Student Publication/Audio/Video Release Form

*This form supersedes all previous Student Permission to Videotape/Record, Reproduce Work and Student Publication/Audio Release Forms.*

*Note: This form does not apply to the creation or use of digital or print media of students for research purposes, including post-secondary degree requirements. For more information visit <http://bit.ly/HIDOEdata-research>*

In order to protect student's rights to privacy as outlined in the Family Educational Rights and Privacy Act (FERPA) and the Protection of Pupil Rights Amendment (PPRA), parents/guardians or eligible students (those aged 18 or over) are being asked to give the Hawaii State Department of Education (HIDOE) permission to create or use digital or print media of student's name, voice, likeness or images of student work for the purposes described in this form.

I hereby give my permission to HIDOE to create or use the media described above of my child (if parent/guardian) / me (if eligible student) or my child's / my work — which may include, but are not limited to, video and audio recordings, photographs, and images — for the following educational purposes:

- Publication on HIDOE websites or in print or other digital media
- HIDOE staff professional development, including peer and advisory observations
- HIDOE training, including but not limited to preparation programs

I understand that the distribution of these media may include print, online, or digital media and open-circuit broadcast, closed-circuit, or cable television transmission within or outside of the State of Hawaii.

I understand that there will be no compensation, financial or otherwise, by HIDOE for its use of these media, either for initial or subsequent transmission or playback.

I understand that granting permission includes a potential risk of loss of privacy. I hereby release HIDOE from any liability resulting from or connected with the creation or use of these media.

I understand that permission is granted for the life of the media. I release all interest in the media for which I am giving permission.

I understand that I may withdraw my permission at any time without any negative consequences by submitting a written statement to my child's/my school. I understand that withdrawing consent will not affect my child's/my standing in school, nor any publication or work using these media which has already been produced.

Yes  No HIDOE has my permission to create or use digital or print media of my child's / my name, voice, likeness or images of my child's/my work exclusively for the non-commercial, educational purposes stated above.

*By signing this form, I agree to the terms and conditions stated in this form, unless I checked the "no" box.*

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Parent/Guardian/Eligible Student Name (Please Print)

\_\_\_\_\_  
School

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date



## Technology Responsible Use Form

(for digital devices, network, and internet services owned and leased by the Hawaii State Department of Education for its students)

Each student and his or her parent(s)/guardian(s) ("parent" or "parents") must review the *Technology Responsible Use Guidelines for digital devices, network, and internet services owned or leased by the Hawaii State Department of Education for its students*, known as "Technology Responsible Use Guidelines" or "TRUG", and sign this "Technology Responsible Use Form" or "TRUF" for access to digital devices, internet and network services, including online educational services.

**STUDENTS who will be using Hawaii State Department of Education (HIDOE) owned or leased digital devices, network, and internet services:**

- I have read the Technology Responsible Use Guidelines (RS 17-0051) in the separate document and agree to, and will abide by, its terms/guidelines stated therein, and as may be subsequently modified.

**As a PARENT, I also agree that:**

- I am responsible for monitoring my child's use of HIDOE-owned or leased digital devices outside of HIDOE property/school.
- HIDOE may bar access by students to certain material not deemed for educational purposes; however, I also understand it is impossible for HIDOE to restrict access to all controversial and inappropriate materials. Therefore, I will hold harmless HIDOE and its employees from any cause of action related to my child obtaining access to materials or software which may be deemed inappropriate.
- I have discussed the TRUG with my child and, therefore:
  - If available at the school, I agree that my child be assigned a HIDOE-owned or leased digital device;
  - I agree that my child be allowed access to HIDOE's internet/network services; and
  - I agree that my child be allowed access to the online educational services provided by the school.
- I understand that all software loaded on the device upon issuance to the assigned student is the property of the HIDOE. Copying this software to another device is not permitted and may violate copyright laws. Students/parents should not download or install any software on this device other than printer drivers for home printing or software specifically for access to a home network.
- By signing below, I, in consideration of HIDOE providing my child with HIDOE network and Internet access, agree to indemnify HIDOE for any losses, costs, or damages (including reasonable attorney fees) incurred by HIDOE relating to, or arising out of, any breach of these or other HIDOE rules by the student in using HIDOE-owned or leased digital devices, Network, and Internet. I shall assume responsibility for any damages to HIDOE-owned or leased digital devices while the student is using it, including paying for repairs.
- HIDOE assumes no responsibility for any unauthorized charges or fees, including telephone charges, long-distance charges, per-minute surcharges, and/or equipment on-line costs. Ordinary internet and network access and use will incur no such charges. Any such charges are the responsibility of the parent signing below.

This TRUF is valid for the student while attending \_\_\_\_\_, unless rescinded by the parent or the TRUG has been revised.  
(school name)

Student Signature	Printed Name & Student ID#	Date
Parent/Guardian Signature	Printed Name	Date
Parent/Guardian Signature	Printed Name	Date